



Health History

Form with fields for Patient Name, Today's Date, Date of last health care exam, What was the exam for?, and a table for listing physicians.

For the following questions circle yes or no. Your answers are for our records only and will be confidential. Please note that during your initial visit you will be asked some questions about your response. Our team may ask additional questions concerning your health.

- Under a physician's care now?
Have you ever been hospitalized or had major operation?
Have you ever had a serious head or neck injury?
Are you taking any medications, pills or drugs?
Do you take, or have you taken, Phen-Fen or Redux?
Have you ever taken Fosamax, Boniva, Actonel, or any... other medications containing bisphosphonates?
Are you on a special diet?
Do you use tobacco?
Do you use controlled substances?

WOMEN: Are You: Pregnant / trying to get Pregnant? Taking oral contraceptives? Nursing?
ARE YOU ALLERGIC to any of the following: Aspirin, Penicillin, Codeine, Acrylic, Metal, Latex, Local Anesthetics
Other If yes, please explain

Do you have, or have you had any of the following?

- AIDS/HIV Positive, Alzheimer's disease, Anaphylaxis, Anemia, Angina, Arthritis/gout, Artificial Heart Valve, Artificial Joint, Asthma, Blood Disease, Blood Transfusion, Breathing Problem, Bruise Easily, Cancer, Chemotherapy, Chest Pains, Cold Sores/fever Blisters, Congenital Heart Disorder, Convulsions, Cortisone Medicine, Diabetes, Drug Addiction, Easily Winded, Emphysema, Epilepsy Or Seizures, Excessive Bleeding, Excessive Thirst, Fainting Spells/dizziness, Frequent Cough, Frequent Diarrhea, Frequent Headaches, Genital Herpes, Glaucoma, Hay Fever, Heart Attack/failure, Heart Murmur, Heart Pacemaker, Heart Trouble/disease, Hemophilia, Hepatitis A, Hepatitis B Or C, Herpes, High Blood Pressure, Hives Or Rash, Hypoglycemia, Irregular Heartbeat, Kidney Problems, Leukemia, Liver Disease, Low Blood Pressure, Lung Disease, Mitral Valve Prolapse, Osteoporosis, Pain In Jaw Joints, Parathyroid Disease, Psychiatric Care, Radiation Treatments, Recent Weight Loss, Renal Dialysis, Rheumatic Fever, Rheumatism, Scarlet Fever, Shingles, Sickle Cell Disease, Sinus Trouble, Spina Bifida, Stomach/intestinal Disease, Stroke, Swelling Of Limbs, Thyroid Disease, Tonsillitis, Tuberculosis, Tumors Of Growths, Ulcers, Venereal Disease, Yellow Jaundice

Have you ever had any serious illness not listen above? If Yes, please explain

Have you ever been treated with Bisphosphonate drugs such as: Fosamax, Aredia, Zometa, Actonel, or Boniva? If so when did the treatment begin?

Please list any medications you are currently taking and dosages, or you may provide us with a list to scan into your chart:

- 1. 2. 3. 4. 5. 6. 7. 8.